

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank DivisionP.O. Box 30033, Lansing, MI 48909
Phone 517-335-7211, Fax 517-332-1428**ABOVEGROUND STORAGE TANK SYSTEM INSPECTION NOTIFICATION FORM**

This information is required under Act 207 of the Public Acts of 1941, as amended, being Section 29.5c of the Michigan Compiled Laws Annotated. Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$200 per violation

SECTION I: FACILITY INFORMATION

FACILITY NAME			FACILITY ID NUMBER
FACILITY STREET ADDRESS (PO BOX NOT ACCEPTABLE)			CONTACT PERSON
CITY	STATE MI	ZIP CODE	AREA CODE & TELEPHONE NUMBER

SECTION II: INSPECTION COMPANY INFORMATION

NAME OF FIRM PERFORMING INSPECTION		AREA CODE & TELEPHONE NUMBER
INSPECTION COMPANY ADDRESS		CONTACT PERSON
CITY	STATE	ZIP CODE
TYPE OF INSPECTION <input type="checkbox"/> API STANDARD 653 INTERNAL INSPECTION <input type="checkbox"/> STI SP001-00 INTERNAL INSPECTION <input type="checkbox"/> AST TANK LINER INSPECTION		TYPE OF TANK <input type="checkbox"/> API 650 <input type="checkbox"/> UL (UNDERWRITERS LABORATORIES LABELED) <input type="checkbox"/> ASME (PRESSURE VESSEL) <input type="checkbox"/> OTHER

SECTION III: TANK INSPECTION INFORMATION

TANK IDENTIFICATION NUMBER					
CAPACITY OF TANK					
PRODUCT STORED					
INSPECTION START DATE					
INSPECTION COMPLETION DATE					

CERTIFICATION**(Read and Sign After Completing ALL Sections)**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
Name and Official Title of Owner or Owner's Authorized Representative (Print)	Signature	Date
COMMENTS AND/OR CLARIFICATION:		

If you have questions, please contact the Bureau of Fire Services, Storage Tank Division, at 517-335-7211.

MAIL TO:Department of Licensing and Regulatory Affairs
Bureau of Fire Services, Storage Tank Division
P.O. Box 30033, Lansing, MI 48909**OVERNIGHT MAIL TO:**Department of Licensing and Regulatory Affairs
Bureau of Fire Services, Storage Tank Division
3101 Technology Blvd, Suite H, Lansing, MI 48910